



Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Center – WO66-G609  
Silver Spring, MD 20993-0002

November 2, 2016

DePuy Orthopaedics  
Ms. Megan Burns  
Associate, Regulatory Affairs  
700 Orthopaedic Drive  
Warsaw, Indiana 46580

Re: K122442

Trade/Device Name: DePuy Delta CTA™ Reverse Shoulder System  
Regulation Number: 21 CFR 888.3660  
Regulation Name: Shoulder joint metal/polymer semi-constrained cemented prosthesis  
Regulatory Class: Class II  
Product Code: PHX, KWS  
Dated: August 9, 2012  
Received: August 10, 2012

Dear Ms. Burns:

This letter corrects our substantially equivalent letter of September 6, 2012.

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical

device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>. Also, please note

the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

<http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Industry and Consumer Education at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address

<http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm>.

Sincerely yours,

**Lori A. Wiggins -S**

for

Mark N. Melkerson

Director

Division of Orthopedic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

K122442(1/1)

#### Section 4: Indications for Use Statement

510 (k) Number (if known): \_\_\_\_\_

Device Name: DePuy Delta CTA™ Reverse Shoulder System

##### Indications for Use:

A Delta CTA™ Reverse Shoulder Prosthesis is indicated for use in

- Grossly rotator cuff deficient joint with severe arthropathy or a previous failed joint replacement with a grossly rotator cuff deficient joint.
- The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device.
- The metaglene component is HA coated and is intended for cementless application with the addition of screws for fixation. **For US Use Only:** All other components are intended for cemented use only.

Prescription Use X  
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE. CONTINUE ON ANOTHER PAGE OF  
NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number  
00012

K122442

SEP 6 2012

**Section 5: 510(k) Summary**  
(as required by 21 CFR 807.92 and 21 CFR 807.93)

<b>Submitter Information</b>	
<b>Name</b>	DePuy Orthopaedics
<b>Address</b>	700 Orthopedic Drive
<b>Phone number</b>	574-372-7745
<b>Fax number</b>	574- 371-4987
<b>Establishment Registration</b>	1818910
<b>Name of contact person</b>	Megan Burns
<b>Date prepared</b>	August 9, 2012
<b>Name of device</b>	
<b>Trade or proprietary name</b>	Delta CTA™ Reverse Shoulder System
<b>Common or usual name</b>	Shoulder Prosthesis
<b>Class</b>	II
<b>Classification panel</b>	87 - Orthopedics
<b>Regulation</b>	21 CFR 888.3660 – Shoulder joint metal/polymer semi-constrained cemented prosthesis
<b>Product Code(s)</b>	KWS
<b>Legally marketed device(s) to which equivalence is claimed</b>	Delta CTA™ Reverse Shoulder System – Humeral Cups (K050315, cleared May 16, 2005)
<b>Reason for 510(k) submission</b>	Line Extension
<b>Device description</b>	The Delta CTA™ Reverse Shoulder is DePuy's first generation reverse shoulder system. In a reverse shoulder, the articulation is "inverted" compared to traditional, anatomical total shoulder prosthesis so that the "ball" of the articulation is incorporated into the glenoid prosthesis and the "cup" of the articulation is incorporated into the humeral prosthesis. This inverted design helps stabilize a shoulder in the absence of a functional rotator cuff.
<b>Intended use of the device</b>	Reverse Shoulder Arthroplasty
<b>Indications for use</b>	<p>A Delta CTA™ Reverse Shoulder Prosthesis is indicated for use in</p> <ul style="list-style-type: none"> <li>• Grossly rotator cuff deficient joint with severe arthropathy or a previous failed joint replacement with a grossly rotator cuff deficient joint.</li> <li>• The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device.</li> <li>• The metaglene component is HA coated and is intended for cementless application with the addition of screws for fixation. <b>For US Use Only:</b> All other components are intended for cemented use only.</li> </ul>

SUMMARY OF THE TECHNOLOGICAL CHARACTERISTICS OF THE DEVICE COMPARED TO THE PREDICATE DEVICE			
CHARACTERISTICS	<u>Subject Device:</u> DePuy DELTA CTA™ Hybrid Humeral cups	<u>Predicate Device:</u> DePuy DELTA CTA™ Humeral cups (K050315)	
Intended Use	Reverse Shoulder Arthroplasty	SAME	
Indications for Use	A Delta CTA™ Reverse Shoulder Prosthesis is indicated for use in <ul style="list-style-type: none"><li>Grossly rotator cuff deficient joint with severe arthropathy or a previous failed joint replacement with a grossly rotator cuff deficient joint.</li><li>The patient's joint must be anatomically and structurally suited to receive the selected implant(s), and a functional deltoid muscle is necessary to use the device.</li><li>The metaglene component is HA coated and is intended for cementless application with the addition of screws for fixation. For US Use Only: All other components are intended for cemented use only.</li></ul>	SAME	
Material	UHMWPE	SAME	
Sizes	Diameters: 38 mm and 42mm Thickness: +3mm, +6mm, +9mm	Diameters: 36mm and 42mm Thickness: +3mm and +9mm	
PERFORMANCE DATA			
SUMMARY OF NON-CLINICAL TESTS CONDUCTED FOR DETERMINATION OF SUBSTANTIAL EQUIVALENCE			
Performance Test Summary-New Device			
Characteristic	Standard/Test/FDA Guidance	Results Summary	
Stack analyses demonstrated the subject device to be compatible with the existing mating components (Delta CTA epiphysis and Delta Xtend glenospheres).			
COMPARATIVE PERFORMANCE INFORMATION SUMMARY			
Characteristic	Requirement	New Device	Predicate Device
The results of the non-clinical testing demonstrate substantial equivalence to the predicate.			
SUMMARY OF CLINICAL TESTS CONDUCTED FOR DETERMINATION OF SUBSTANTIAL EQUIVALENCE AND/OR OF CLINICAL INFORMATION			
No clinical tests were conducted to demonstrate substantial equivalence.			
CONCLUSIONS DRAWN FROM NON-CLINICAL AND CLINICAL DATA			
The results of the non-clinical testing demonstrate substantial equivalence to the predicate.			